

FILED APR 15 1940

V. S. No. 2
DM-11-10-39
Rev. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9018**
Registrar's No. **2501**

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3111 Lawton Ave.
(If in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Lillie Mae Moore Miller**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

4. Sex Female	5. Color or race Colored	6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ira Miller		6. (c) Age of husband or wife if alive About 50 years
7. Birth date of deceased March 1940 <small>(Month) (Day) (Year)</small>		

8. AGE

Years About 55yrs	Months	Days	If less than one day hr. min.
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9. Birthplace **Belleville, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business

MOTHER { **12. Name** **Thomas Jefferson**

 { **13. Birthplace** **McKenzie Tenn.**
(State or foreign country)

FATHER { **14. Maiden name** **Sarah Oliver**

 { **15. Birthplace** **Fulton Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ira Miller**

(b) Address **3111 Lawton Ave.**

17. (a) Burial **Washington Park Cem.**
(Burial, cremation, or removal)

(b) Date thereof **March 15, 1940**
(Month) (Day) (Year)

(c) Place: burial or cremation **A. L. Beal Und Co.**

18. (a) Signature of funeral director **2726 Lucas Ave.**

(b) Address

19. (a) (Date of death) **March 15 1940**

(b) (Registrar's signature) *J. F. [Signature]*

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")

3111 Lawton Ave.

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **12**
year **1940** hour **10 a.m.** minute **—** M.

21. I hereby certify that I attended the deceased from **3-8-1940**, to **3-12-1940**; that I last saw her alive on **March 12-1940**; and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Interstitial Nephritis

Other conditions **Prophylaxis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration **30.9 mo**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **Dr. Edward Bell** (M. D. or other)
Address **2901 Leclaire Ave.** **Date signed** **3-15-40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Birdie Reed Anderson

Licensed Embalmer No. 2929

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.